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CONFIRMATION NO. 6323

Bib Data Sheet

<b>SERIAL NUMBER</b> 10768,315	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 10177-291-999
<b>APPLICANTS</b> John T. Santini JR., Belmont, MA; Charles E. Hutchinson, Canaan, NH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/637,319 08/08/2003 which is a CON of 10/314,838 12/09/2002 PAT 6,656,162 which is a CON of 09/715,493 11/17/2000 PAT 6,491,666 which claims benefit of 60/166,370 11/17/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/15/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 72
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 20583				
<b>TITLE</b> Stent for controlled release of drug				
<b>FILING FEE RECEIVED</b> 1165	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	